

**CITY OF INVERNESS  
AUTHORIZATION AGREEMENT  
FORM DIRECT DEPOSIT**



**FOR OFFICE USE ONLY**

DATE RECEIVED

I HEREBY AUTHORIZE THE CITY OF INVERNESS HEREINAFTER CALLED COMPANY TO INITIATE CREDIT ENTRIES AN TO INITIATE, IF NECESSARY DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTITIES IN ERROR TO MY ☐ CHECKING ☐ SAVING (SELECT ONE) INDICATED AND THE DEPOSITORY NAMED, HEREINAFTER CALLED FINANCIAL INSTITUTION, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH MANNER AS TO AFFORD COMPANY AND FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

**(Please submit a voided Check or Deposit Slip With This Form)**

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
EMPLOYEE NUMBER (SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TRANSIT/ABA NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE